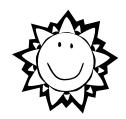
Please return with payment to: McComb Recreation Dept. 701 S. Magnolia St. McComb, MS 39648



Registration: \$10.00



## 2014 McComb Recreation Department Mini Park Program



## Registration:

Child's Name:					
Address:					
City:	Stat	e:	Zip:	Age:	
Birthdate:	(Birth Certi	ficate ı	may be require	d) 6 year olds REQUIRE Birth Certificate	
Phone #	,	Alternate #			
Emergency Contact nam	ne and number				
List any medical or phys	sical problems & Allergie	s that	may limit your	child(s) activities.	
		Relea	ase of Liability		
In consideration of said	child's participation in t	he Mc	Comb Recreation	on Department Mini Park Program	
for 2014, I/we	parent or (legal guardian) of said child, intending to be legally				
bound, hereby, waive, a	and decline any and all r	ights a	nd claims for da	amages I/we may have against the McComb	
Recreation Department	, City of McComb and S	oonsor	s, and their rep	resentatives, successors and assigns for any	
and all injuries suffered	by said child during the	durati	on of the Mini	Park Program. I/we attest and verify that said	
child is physically fit for	the competition involve	ed in th	is program.		
Signature of <b>Par</b>	ent or Legal Guardian			 Date	
<u>Circle One:</u>					
I agree / disagree to allo and/or publicity for the				ideography for the purposes of promotion Comb.	
		For	Official Use		
Amount Paid	Data		Pagaint #	Varified Ry	